



Incident Report

Print Date/Time: 12/28/2016 15:51

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00025732

Incident Date/Time: 12/26/2016 12:02:00 PM
Location: 9300 SR 92
LAKE STEVENS WA 98258
Phone Number: (206) 595-6160
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call: POSTED TO CITY WEBSITE

Unit/Personnel

Unit	Personnel
1947	SS0136-Shein
1948	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ESPINOZA, CHRIS		(206) 595-6160			
1	Involved Party	LABODA, JESSACA A	705 N INDIANA AVE GRANITE FALLS WA 98252	(206) 954-0781		Female	01/05/1999
2	Involved Party	ESPINOZA, OLIVIA MARIE	2503 107TH PL SE Everett WA 982084410	(425) 931-1525		Female	08/02/2000
1	Passenger	ESPINOZA, ALEXANDRIA C	2503 107TH PL SE EVERETT WA 98208			Female	03/13/2003

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2010	Ford	FOCUS		BBM0592	WA
Involved Vehicle	Passenger Car	2012	Honda	Civic/CRX/Del Sol		AFN5796	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/26/2016 : 12:24:26 sp0251 Narrative: 3 GREEN

12/26/2016 : 12:22:19 SP0246 Narrative: 1947 - AID ONSC

12/26/2016 : 12:19:00 SP0246 Narrative: 1947 - ADV AID BOTH PSGR AND DRIVER IN UNIT #1 AND UNIT #2 ARE UNDER 18 AND WILL NEED TO BE CHECKED OUT

12/26/2016 : 12:12:44 SP0246 Narrative: 1947 - REQ AID, JUVENILLE CABN HAVING PANIC ATTACK, SHAKING

12/26/2016 : 12:07:57 SP0246 Narrative: 1947 - BLOCKING - REQ 2ND FOR TRAFFIC

12/26/2016 : 12:05:06 SP0390 Narrative: LR390

12/26/2016 : 12:04:30 SP0246 Narrative: BDCST

12/26/2016 : 12:04:22 SP0390 Narrative: GRY HONDA CIVIC VS. SIL FORD FOCUS

12/26/2016 : 12:04:03 SP0390 Narrative: AC, NOW, NON INJ, NON BLKING

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E625458**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00025732
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	12	-	26	-	2016			1202	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	9300
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	LAKE DR

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2069540781
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LAST NAME	LABODA	FIRST NAME	JESSACA	MIDDLE INITIAL	A
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STREET NEW ADDRESS	705 N INDIANA AVE
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LABODJA016BE	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	-	05	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFN5796	STATE	WA	VIN#	2HGFB2F90CH526877
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	HOND	MODEL	CIV4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75884127
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259311525
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LAST NAME	ESPINOZA	FIRST NAME	OLIVIA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	2503 107TH PL SE
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CITY	EVERETT	ST	WA	ZIP	982084410
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	ESPINOM001NB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	-	02	-	2000
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	BBM0592	STATE	WA	VIN#	1FAHP3FNXAW270196
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	FORD	MODEL	FOCUS	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 964360268
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E625458**CASE # **2016-00025732**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ESPINOZA ALEXANDRIA C																
ADDRESS & PHONE # 2503 107TH PL SE EVERETT WA 98208										SEX F	D.O.B. MMDDYYYY 03	-	13	-	2003			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 12/26/2016 at approximately 1202 hours I, Officer Shein (SS0136) of the Lake Stevens Police Department was on routine patrol in a fully marked patrol vehicle equipped with lights and sirens wearing full duty uniform with shoulder patches and a badge.

UNIT 2 was legally standing, waiting for traffic ahead at the intersection of SR 92 & Lake Dr. UNIT 1 rear-ended UNIT 2. Driver of UNIT 1 said that she briefly looked in the rear-view mirror, and didn't notice UNIT 2 ahead stopped.

Driver of UNIT 1, driver of UNIT 2, as well as passenger of UNIT 2 were all under 18 years old. Medical Aid unit was called to assist & check on any possible injuries. All involved parties declined aid. Both parents of UNIT 1 and UNIT 2 came on scene and assisted by caring for their children.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gleb Shein #136
Officer

12/26/2016
Date

Lake Stevens, WA
Location Signed

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

12-26-16 05:59 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. CHRISTENSEN 0075

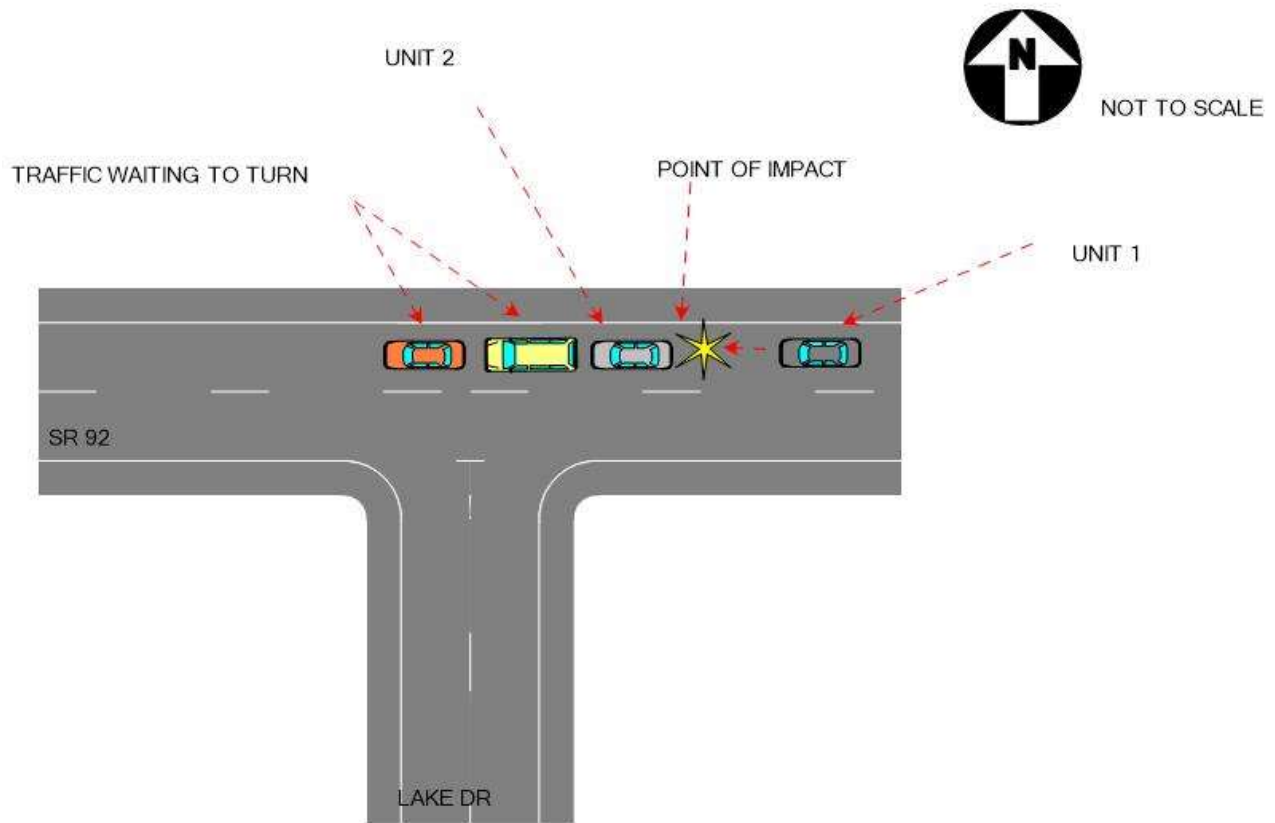
12/28/2016 9:58:25 AM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	12:03 PM	TIME POLICE ARRIVED	12:06 PM
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REPORT NO. E625458

CASE # 2016-00025732

DATE AND TIME
OF COLLISION 12/26/16 12:02





16-25732

